DOCUMENT RESUME

ED 211 907 CG 015 700

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TITLE Accreditation Stimuli and Evaluation Responses in a Clinical Training Program.
PUB DATE Aug 81
NOTE 10p.; Paper presented at the Annual Convention of the American Psychological Association (89th, Los Angeles, CA, August 24-26, 1981).

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Accreditation (Institutions); *Clinical Psychology; *Counselor Training; Curriculum Development; *Curriculum Evaluation; *Graduate Students; Higher Education; Needs Assessment; Policy Formation; Program Evaluation; Self Evaluation (Groups); Skill Development; *Student Attitudes

ABSTRACT

Assessment and evaluation skills are significant goals of clinical training, yet many clinical and counseling students lack personal experiences with applied program evaluation. Clinical psychology graduate students responded to successive impending accreditation visits by conducting in-house evaluations. Students in 1977 (N=38) and 1980 (N=35) completed questionnaires which surveyed forced-choice items on preferred work setting, percentage of professional time spent in various activities, age group and level of intervention preferred for clinical clientele, and evaluations of training. The first evaluation prompted curriculum topic additions also endorsed by site visitors, e.g., neuropsychological assessment, community mental health, consultation/supervision, professional ethics, sex therapy, private practice, and self-regulation. The second evaluation ratified these curriculum changes and identified emerging student trends. Students in 1977 appeared biased toward traditional clinical psychology; students in 1980 moved away from traditional practice orientation toward marital and family therapy. Rated commitment to research and perceived attractiveness of academic careers declined between 1977 and 1980, and interest increased in the areas of private practice, consultation, and intervention at the systems-institutional level. Minorities, physically disabled, and poverty patients continued to receive minimal interest from students. The findings suggest that repeated program evaluations at regular accreditation intervals can provide relevant "hands on" experiences in a pragmatic situation. (Author/NRB)

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ACCREDITATION STIMULI AND EVALUATION RESPONSES IN A CLINICAL TRAINING PROGRAM

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Accreditation Stimuli and Evaluation Responses in a Clinical Training Program

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Introduction

Assessment and evaluation skills are significant goals of clinical training, yet many clinical and counseling students lack personal experience with applied program evaluation. One solution may be for students to recognize A.P.A. or N.I.M.H. accreditations as formally structured occasions to evaluate their own training programs. By conducting such "in-house" evaluations, students are able to directly impact the quality, direction, and nature of their training as well as experience fairly immediate consequences of applied program evaluation. This paper describes two such student-conducted evaluations of the clinical training program at the University of Utah. Both evaluations were responses to the stimuli of impending A.P.A. accreditation site visits.

Method

Subjects: Subjects included all currently enrolled graduate students in the clinical training program. Demographics for the 1980 sample include the following: mean age, 29.6 years; 16 females and 19 males; 22 students entering the program with a B.A./B.S. and 13 who entered with an M.A./M.S./M.S.W. Third-year students had a mean of 1500 completed internship hours, fourth-year students had completed 1650 hours, and more senior students had completed a minimum of a 2000 hour internship with the upward range of the distribution including students with 4000 supervised clinical internship hours.

Procedure: Both in 1977 and again in 1980, students were provided with a standardized questionnaire which surveyed forced-choice items on preferred work setting; percentage of professional time preferred spent in various activities

such as administration, assessment, clinical work, research, and teaching; age group and level of intervention preferred for clinical clientele; and evaluations of training including ratings of faculty supervisors and surveys of satisfaction with training in administration, assessment, consultation, research, teaching, and therapy. Students were also asked to indicate their preferred type of client and asked to provide any additional narrative comments about coursework or program ambience that they cared to comment on. All responses were anonymous, with students crossing off their names on a master list upon completion of the survey.

Results

For the 1977 survey, the response rate was 97% (38/39 students); the 1980 survey had a response rate of 88% (35/40 students) including 19 students (54%) who had also responded to the 1977 evaluation questionnaire. The earlier study (1977) demonstrated a majority of students biased toward relatively traditional clinical psychology: the most preferred target population was individual adult neurotics seen in an outpatient setting. Considerably less interest was displayed in working with more difficult populations such as delinquents, psychotics, drug abusers, prisoners, and the mentally deficient. The replication in 1980 suggests some movement away from the traditional practice orientation, although the major shift for both older and less senior students appears to be towards providing marital and family therapy.

In 1977, students lamented the absence of courses in such areas as neuropsychological assessment, community mental health, consultation and supervision, professional ethics, sex therapy, private practice, and self-regulation. Site visitors, impressed by the student evaluation, supported students in their lobbying for such courses with the result that these topics are now included in the curriculum. Evaluations in 1980 demonstrate considerable student

satisfaction with these additions to their training. Other comparisons across the two measurement waves also generate evidence for several apparent trends.

There has been a precipitous decline between 1977 and 1980 in the perceived desirability of academic positions following graduation. This decline has been offset by a nearly equal increase in the perceived desirability of private practice options after completing the Ph.D. The trend away from academic interests toward private practice is even more obvious among younger students who entered the program in the last three years between accreditation visits. Some of the other observed trends include decreased commitment to research with a countervailing greater interest among all students in providing consultation services. Less senior students also appear more interested in direct service delivery while more advanced students have displayed moderately increased interest in administrative and clinical supervision activities. All students appear increasingly more interested in providing interventions at the systems-institutional level. This interest in larger-scale systems is, however, complicated by dramatically less interest in community mental health centers as rated by senior students in comparison to their own interests just three years earlier. Part of this shift is an apparent growing interest among senior students in pursuing positions in medical hospitals. In general, lesser-served populations including minorities, physically disabled, and poverty-level persons continue to receive minimal stated interest on the part of currently training clinicians in the program.

Discussion

Field training data for students indicate that N.I.M.H. priority service areas are currently being served, with the majority of services directed to children and youth, chronically mentally ill, delinquents, and general health care populations. At the same time, student-conducted self-evaluations reveal a

lack of interest in a large number of underserved clientele. These disturbing data seem somewhat linked to current economic conditions as well, with many students no longer according academia the once prestigious status it formerly had as a desirable career area. The student evaluations do, however, suggest that a fair amount of autonomy and greater responsibility in the education and training process may be available to trainees who assume initiative in "crisis" periods such as impending program accreditation. The value of these types of evaluation data include the possibility of directly impacting curriculum and simultaneously alerting faculty and concerned professionals to potentially distressing or nonproductive attitudes among students which run counter to nationally mandated training objectives.

In summary, repeated program evaluations at regular accreditation intervals can provide students with personally relevant "hands on" experience in a pragmatic situation. Our procedures can be readily adapted by other programs to meet their own evaluation and accreditation needs; possibly an ideal future direction would be the conduct of wide-scale evaluations across numerous programs simultaneously in order to better estimate congruence between student needs, interests, and goals as they compare to national mandates developed both by the A.P.A. and the N.I.M.H. Our experience at the University of Utah suggests that student-conducted program evaluations can be a useful learning experience, promote greater harmony by initiating needed changes, help us develop and maintain a sense of professional direction including an empirical orientation useful for interacting with site visitors, and teach us all to better appreciate the dictum: "Clinicians, assess thyselves."

CLINICAL TRAINING SURVEYS: COMPARISON DATA

1977 Survey	1980 Survey
38/39 respondents (97%)	35/40 respondents (88%)
	54% (19) responded to 1977 survey as well

1980 Survey Demographics

$\bar{X}$age = 29.6 (range = 22-52y.) ; 16 females/19 males

22 students entered w/ B.A./B.S.
13 students entered w/ M.A./M.S./M.S.W.

Internship Hours

Level of Training	$\bar{X}$ hrs.	Range
Third Year	1500	0-2700
Fourth Year	1650	0-4000
Fifth Year	2017	0-4000
Sixth Year	2700	2000-4000

I. Employment

A. Preferred Work Setting (Forced Choice)

	1977 (n=38)	1980 (n=19 older)	1980 (n=16 younger)	1980 Total
College/University	41%	22%	12%	20%
Community Mental Health	40% *	6%	38%	20%
Private Practice	8%	28%	31%	29%
Medical Hospital/School	8%	39%	6%	23%
Undecided	3%	6%	6%	6%

* 2 Ss (5%) responding w/ "Gov't Agency" were assigned to CMHC

B. Percentage of Professional Time Preferred Spent In: ($\bar{X}$ across sample)

	1977	1980 (n=19 older)	1980 (n=16 younger)	1980 Total
Administration	6	7.3	6.8	7%
Assessment	7	7.0	4.6	6%
Clinical Supervision	6	9.5	5.8	8%
Consultation	7	11.6	12.1	12%
Editorial Consultation	1	2.5	0.7	2%
Program Planning, (Development & Eval.)	10	7.0	6.3	7%
Research	20	14.5	10.2	12%
Teaching	15	13.7	7.7	11%
Therapy	25	25.8	42.2	34%
Training Paraprofessional	2	1.3	3.4	2%
Other				

C. Professional Interests as a Clinician

1. Age Group of Primary Interest for Client Population ($\bar{X}$ %)

	1977	1980 (old)	1980 (young)	1980 Total
Children	27%	23%	23%	23%
Adolescents	17%	10%	28%	19%
Adults	47%	65%	40%	52%
Elderly	8%	3%	8%	6%
Mixed (Families)				

2. Level of Intervention Preferred ($\bar{X}$%)

	1977	1980 (old)	1980 (young)	1980 Total
Individuals	41%	47%	36%	42%
Couples	16%	14%	5%	10%
Families	26%	24%	36%	30%
Groups	16%	6%	16%	11%
Inst/Syst.	1%	9%	6%	8%

C. Professional Interests as a Clinician (continued)

3. Preferred Type of Client

	1977 n=38	1980 (old) n=19	1980 (young) n=16	1980 Total
Children w/ behav prob	9%	10%	14%	12%
Delinquents	4%	3%	10%	6%
Gays/Homosexuals	4%	2%	2%	2%
Marriage & Family (not on 21)	2%	20%	21%	20%
Medical	13%	17%	10%	14%
Mental Deficiency	2%	0	0	0%
Minority Group Problems	4%	4%	2%	3%
Neurotics	21%	10%	10%	10%
Normals (not on 22)	2%	0	0	0%
Organizations	8%	5%	4%	4%
Physically Disabled	4%	3%	2%	2%
Poverty Level	3%	1%	8%	4%
Prisoners	2%	1%	0	0%
Psychotics	5%	4%	3%	4%
Quality of Life	7%	6%	2%	4%
Substance Abuse	3%	5%	6%	6%
Women	8%	10%	6%	8%

II. Evaluation of Program: Training

Anchors for Sections A & B: 1 = first-rate ('77)/excellent ('80)
4 = satisfactory ('77)/adequate ('80)
7 = abominable ('77)/poor ('80)

A. Preparation to Date for Delivering Services in:
(based solely on training in this Department)

$\bar{X}$ ratings (s.d.'s):	1977	1980 (old)	1980 (young)	1980 Total
Administration	6.0(1.53)	5.7(1.36)	5.8(1.42)	5.8
Assessment	4.1(1.44)	2.6(1.30)	2.7(1.03)	2.6
Consultation	5.3(1.61)	3.8(1.34)	3.4(1.28)	3.6
Program Evaluation	4.4(1.41)	3.8(1.29)	4.5(1.56)	4.2
Research	2.8(1.45)	2.5(1.26)	2.5(1.03)	2.5
Supervision	4.5(1.58)	3.6(1.54)	3.6(1.55)	3.6
Teaching (5 TF/yr)	3.5(1.64)	2.9(1.22)	3.75(1.57)	3.3
Therapy	3.8(1.48)	2.6(1.21)	2.7(1.30)	2.6

B. Evaluation of Faculty Advisor

$\bar{X}$ ratings (s.d.'s) =	1977	1980 (old)	1980 (young)	1980 Total
Supportive	2.8(2.05)	2.7(1.88)	2.6(1.46)	2.6
Accessible	3.1(1.80)	2.4(1.89)	2.8(1.68)	2.6
Helps w/ curriculum	3.4(1.81)	3.1(2.02)	2.9(1.67)	3.0
Helps w/ finances	3.1(1.78)	2.8(2.03)	2.8(1.90)	2.8
Anticipated helps w/ employment	3.4(1.85)	3.0(2.01)	2.8(1.88)	2.9